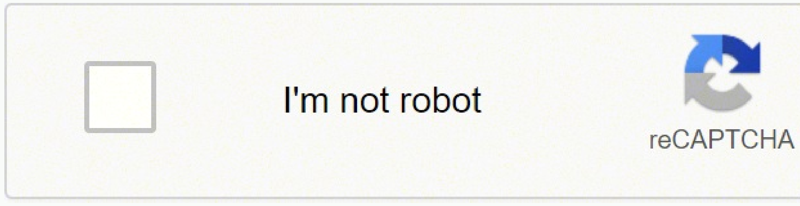

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Asge pancreatitis guidelines

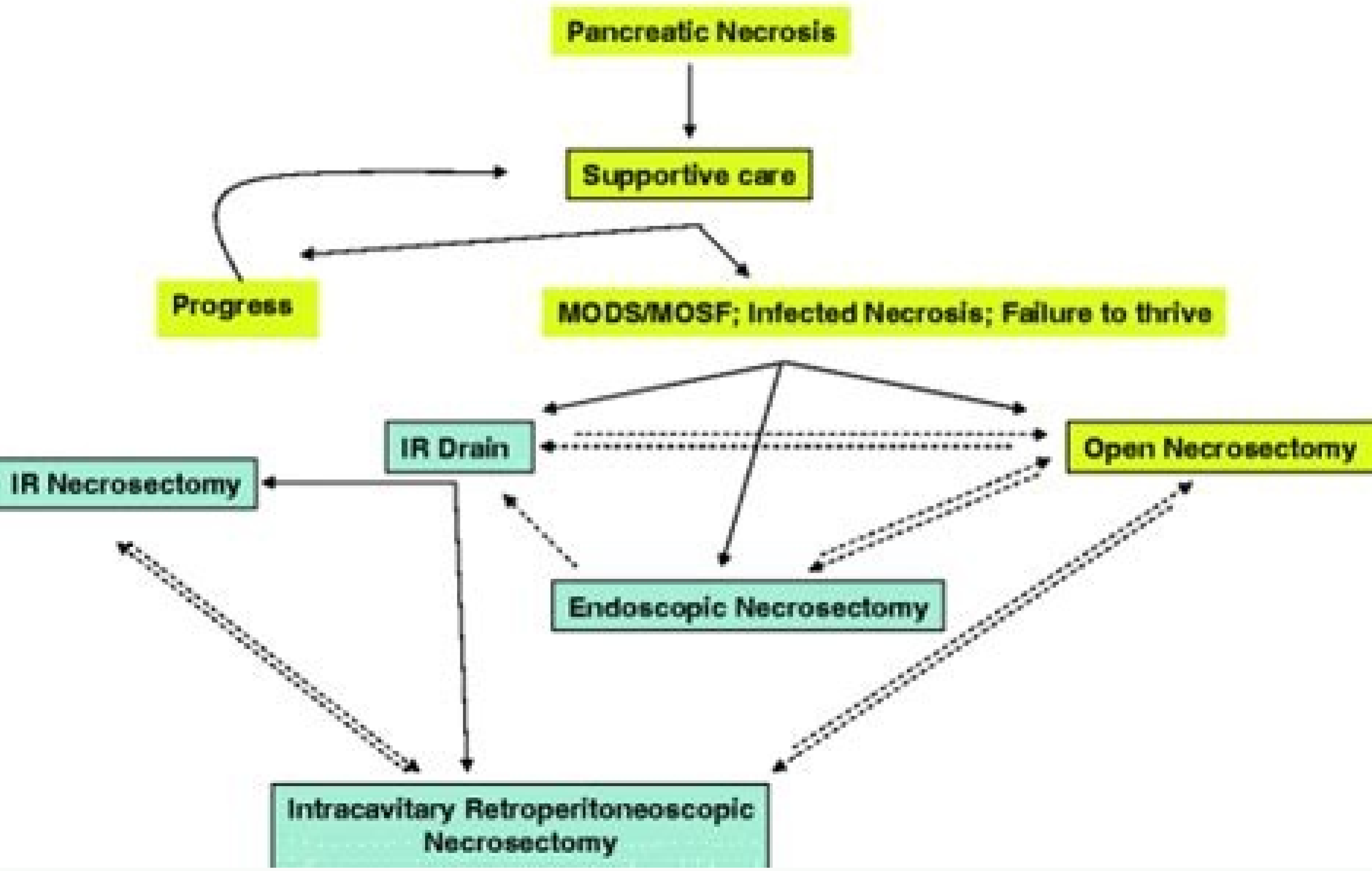


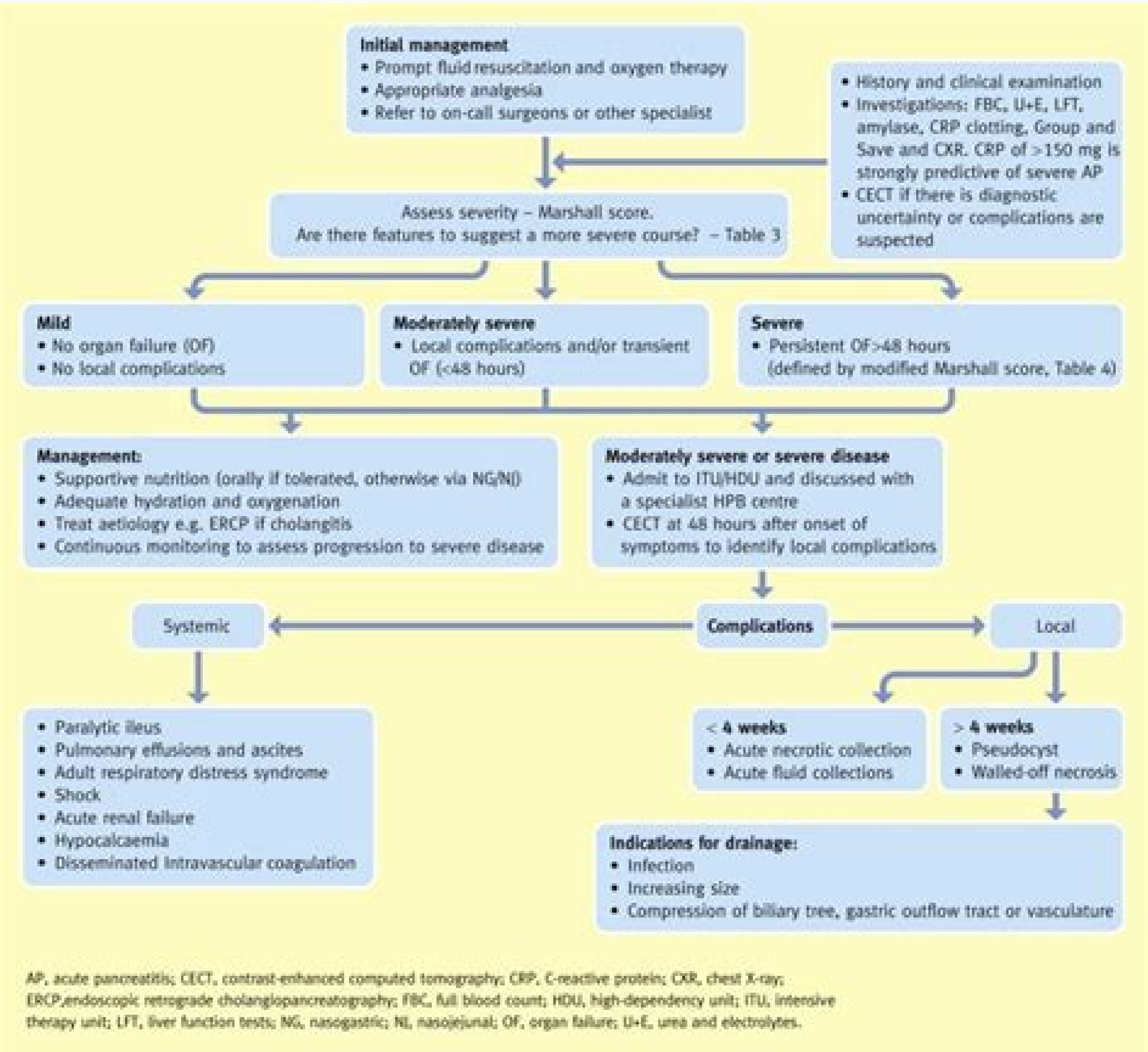
Table II. Frequency of ASGE clinical predictors in patients with and without choledocholithiasis

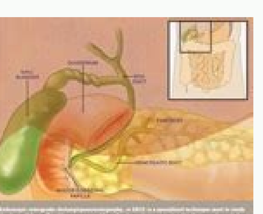
Predictors	All n = 256	CL present n = 145	CL absent n = 111	Odds ratio CI 95%	p value
Very high predictors					
CBD stone on abdominal US - no. (%)	44 (17.2)	34 (23.4)	10 (9.0)	3.09 (1.45-6.58)	0.002*
Ascending cholangitis - no. (%)	37 (14.5)	28 (19.3)	9 (8.1)	2.71 (1.22-6.01)	0.012*
Bilirubin > 4 mg/dL - no. (%)	151 (59.0)	89 (61.4)	62 (55.9)	1.25 (0.76-2.07)	0.442
Strong predictors					
CBD on US > 6 mm - no. (%)	193 (75.4)	119 (82.1)	74 (66.7)	2.28 (1.28-4.08)	0.005*
Bilirubin level 1.8-4 mg/dL - no. (%)	66 (25.8)	36 (24.8)	30 (27.0)	0.892 (0.50-1.56)	0.773
Moderate predictors					
Abnormal liver test† - no. (%)	254 (99.2)	144 (99.3)	110 (99.1)	1.30 (0.08-21.6)	1.000
Age older than 55 yrs - no. (%)	81 (31.6)	53 (36.6)	28 (25.2)	1.70 (0.99-2.94)	0.059
Gallstone pancreatitis - no. (%)	80 (31.2)	29 (20.0)	51 (45.9)	0.29 (0.16-0.51)	< 0.001*

ASGE: American Society for Gastrointestinal Endoscopy. †Abnormal liver test: Altered liver function test other than bilirubin. CL: Choledocholithiasis; CBD: Common bile duct; US: Ultrasound. *Statistically significant ($p < 0.05$).

TABLE 2. Alarm features for dyspeptic patients

Age ≥50 years
Family history of upper GI malignancy in a first-degree relative
Unintended weight loss
GI bleeding or iron deficiency anemia
Dysphagia
Odynophagia
Persistent vomiting
Abnormal imaging suggesting organic disease





Asge guidelines necrotizing pancreatitis. Asge guidelines biliary pancreatitis. Asge guidelines gallstone pancreatitis. Asge guidelines post ercp pancreatitis. Asge guidelines autoimmune pancreatitis. Asge chronic pancreatitis guidelines.

URL of this page: The pancreas is a large gland behind the stomach and close to the first part of the small intestine. It secretes digestive juices in the small intestine through a tube called pancreatic duct. The pancreas also releases insulin and glucago hormones in the bloodstream. Pancreatitis is inflammation of the pancreas. It happens when digestive enzymes begin to digest the pancreas itself. Pancreatitis can be acute or chronic. Any form is serious and can lead to complications. Acute pancreatitis occurs suddenly and usually disappears in a few days with treatment. It is often caused by gallstones. Common symptoms are intense pain in the upper abdomen, nausea and vomiting. Treatment is usually a few days in the hospital for IV fluids, antibiotics and pain relief medications. Chronic pancreatitis does not cure or improve. It gets worse over time and leads to permanent damage. The most common cause is heavy alcohol consumption. Other causes include cystic fibrosis and other inherited disorders, high levels of calcium or fat in the blood, some medicines and autoimmune conditions. Symptoms include nausea, vomiting, weight loss and acetic stools. Treatment may also be a few days in the hospital for IV fluids, pain relief and nutritional support. After that, you may need to start taking enzymes and eating a special diet. It is also important not to smoke or drink alcohol. NIH: National Institute of Diabetes and Digestive and Kidney Diseases Pancreatitis (National Institute of Diabetes and Digestive and Kidney Diseases) Also in Spanish Nutrition Advice and Recipes (National Pancreas Foundation) Pancreatitis - slideshow (Medical Encyclopedia) Also in Spanish Information on this site should not be used as a substitute for themedical or professional advice. Contact a health care provider if you have questions about your health. Advancing gastroenterology, improving improving improving care Acute diarrhea is one of the most commonly reported diseases in the United States, second only to respiratory infections. Worldwide, it is a leading cause of death in children under four years of age, especially in the developing world. Diarrhea that lasts less than 2 weeks is called acute diarrhea. Persistent diarrhea lasts for 2 to 4 weeks. Chronic diarrhea lasts more than 4 weeks. Symptoms Diarrheal stool is the stool that takes the shape of the container, so it is often described as loose or aquatic. Some people consider diarrhea as an increase in the number of stools, but stool consistency is really the hallmark. Associated symptoms may include fever abdominal cramps, nausea, vomiting, fatigue, and urgency. Chronic diarrhea may be accompanied by weight loss, malnutrition, abdominal pain, or other symptoms of the underlying disease. The tires for organic disease are weight loss, diarrhea that wakes you up at night, or blood in your stool. These are signs that your doctor will want to do a thorough evaluation to determine the cause of your symptoms. Also tell your doctor if you have a family history of celiac disease, inflammatory bowel disease (IBD), have involuntary weight loss, fever, abdominal cramp, or decreased appetite. Tell your doctor if you experience large, greasy, or very bad odorous stools. Causes â Acute diarrhea Most cases of acute and watery diarrhea are caused by viruses (viral gastroenteritis). The most common in children are rotaviruses and in adults are noroviruses (sometimes called "cruising diarrhea" because of well-publicized epidemics). Bacteria are a common cause of traveler's diarrhea. Causes â Chronic diarrhea Chronic diarrhea is classified as fatty or malabsorption, inflammatory, or most commonly watery. Chronic bloody diarrhea may be due to inflammatory bowel disease (IBD), which is ulcerative colitis or Crohn's disease. Other less common causes include bowel ischemia, infections, radiation therapy, and Cancer or Polyps. Infections that lead to chronic diarrhea are rare, with the exception of parasites. The two main causes of fatty or malabsorptive diarrhea are impaired digestion of fats due to low levels of pancreatic enzyme and impaired fat absorption due to intestinal disease. These conditions interfere with the normal processing of fats in the diet. The first is usually due to chronic pancreatitis, which is the result of a chronic injury to the pancreas. Alcohol damage to the pancreas is the most common cause of chronic pancreatitis in the United States. Other causes of chronic pancreatitis include cystic fibrosis, hereditary pancreatitis, pancreatic trauma, and pancreatic cancer. The most common small intestine disease in the United States is celiac disease, also called Spue Celiac. Crohn's disease can also involve the small intestine. Whipple disease, tropical sprue, and eosinophilic gastroenteritis are some of the rare conditions that can lead to malabsorption diarrhea. There are many causes of watery diarrhea, including carbohydrate malabsorption, such as lactose, sorbitol, and fructose intolerance. Symptoms of abdominal swelling and excessive gas after consuming dairy products suggest lactose intolerance. This condition is more common among African Americans and Asian Americans. Certain soft drinks, juices, nuts and gums contain sorbitol and fructose, which can lead to watery diarrhea in people with sorbitol and fructose intolerance. Diarrhea is a common side effect of antibiotics. Some other medicines, such as NSAIDs, antacids, antihypertensives, antibiotics, and antiarrhythmics, may have side effects that lead to diarrhea. Parasitic intestinal infections, such as giardiasis, may Chronic diarrhea. Diabetes mellitus may be associated with diarrhea due to damage to nerves and excessive growth of bacteria; This occurs mainly in patients with long-dating, poorly controlled diabetes. Irritable intestine syndrome (SII) is a affection that is often associated with diarrhea, diarrhea, or more frequently alternating diarrhea and pregnancy. Other common symptoms are swelling, abdominal pain relieved with defecation and a sense of incomplete evacuation. Risk factors Exposure to infectious agents is the main risk factor for acute diarrhea. Bacteria and viruses are often transmitted by the fecal-oral route, so the washing of hands and hygiene are important to prevent infection. Soap and water are better because alcohol-based hand disinfectants may not kill viruses. Medications such as antibiotics and medications that contain magnesium products are also common criminals. Recent dietary changes can also cause acute diarrhea. This includes the intake of café, tÃ ©, queues, dietary foods, buckets or mints that contain little absorbable azúcars. Acute bloody diarrhea suggests a bacterial cause such as Campylobacter, Salmonella or Shigella or Shiga-toxin E. coli. The diarrhea of the traveler is common in those traveling to developing countries and results from the exposure to more commonly enterotoxogenic bacterial patagens E. coli. The best method of prevention is to avoid eating and drinking contaminated or raw food and beverages. Screening / Diagnosis Most episodes of acute diarrhea resolve quickly without antibiotic therapy and simple dietary modifications. Consult a doctor if you feel sick, have bloody diarrhea, severe abdominal pain or diarrhea that lasts more than 48 hours. In patients with slight acute diarrhea, laboratory evaluation is not needed because the disease usually resolves quickly. Your doctor can perform stool tests for bacteria and parasites If your diarrhea is severe or bloody or if you travel to an area where infections are common. If you have severe diarrhea, blood analysis will be useful to guide the replacement of liquids and electrolytes and minerals such as magnesium, potassium and zinc than Get exhausted. If you have chronic diarrhea, your doctor will want to further evaluate the etiological factors or the complications of diarrhea by getting several tests. These canA blood count to look for anemia and infections, an electrolyte and kidney function panel to evaluate electrolyte abnormalities and kidney failure, and albumin to evaluate your nutritional status. A stool sample can help define the type of diarrhea. The presence of fats, microscopic amounts of blood, and white blood cells will help determine if there is fatty, inflammatory, or watery diarrhea. A bacterial culture and OVA/parasitic studies of a stool specimen will also help determine if there is an infectious etiology present. Endoscopic examination of the colon with sigmoidoscopy or flexible colonoscopy and superior endoscopy are useful for detecting the etiology of chronic diarrhea, as it allows direct examination of the intestinal mucosa and the ability to obtain biopsies for microscopic evaluation. Double-balloon enteroscopy and capsule endoscopy are sometimes used to examine the mucosa of the small intestine that is beyond the reach of conventional endoscopes. Radiographic studies, such as a superior GI series or barium enema, are not routinely performed in the assessment of chronic diarrhea, and have largely been replaced by cross-sectional images. Ultrasound and CT scan of the abdomen may be helpful to evaluate the intestine, pancreas, and other intra-abdominal organs. Treatment of acute diarrhea It is important to take a lot of liquid with sugar and salt to prevent dehydration. Salt and sugar together in a drink help your intestine absorb fluids. Milk and dairy products should be avoided for 24 to 48 hours, as they may worsen diarrhea. Initial dietary choices when replenishing should start with soups and broth. Therapy with anti-diarrhea drugs may be helpful in controlling severe symptoms, and includes bismuth subsalicylate and anti-motility agents, such as loperamide. These, However, they should be avoided in people with high fever or bloody diarrhea, as they may worsen severe colon infections and in children because the use of anti-diarrheals can lead to hemolytic hemolytic complicationsSindrome in cases of toxin Shiga E. coli (E. coli 0157: H7). Your doctor may prescribe antibiotics if you have high fever, dissenter or moderate to severe traveler diarrhea. Some infections such as Shigella always require antibiotic therapy. The treatment of chronic diarrhea depends on the etiology of chronic diarrhea. Often, empirical treatment can be provided to relieve symptoms, when a specific diagnosis is not reached or when it is reached a diagnosis that is not specifically treatable. Antimotile agents such as the loperamide are the most effective agents for the treatment of chronic diarrhea. Reduce symptoms as well as the weight of stool. Attention should be given to the substitution of mineral and vitamin deficiencies, in particular calcium, potassium, magnesium and zinc. Author (s) and Date (s) of White Publication Ochoa, MD and Christina M. Surawicz, MD, Macg, University of Washington School of Medicine, Seattle, WA Â «Published in October 2002. Updated in April 2007. Updated In December 2012. Back to Top Top

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